

**Request For Administration Of Medication**  
(Please Print)

No medication can be given to a child unless instruction to administer such items are written, signed and dated by a licensed physician, and are prescribed for a specific child.

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 1 TO BE COMPLETED BY CHILD'S PHYSICIAN:**

(Name of child) \_\_\_\_\_ Is under my care and should receive

(Name of medicine, vitamin, or modified diet) \_\_\_\_\_

(dosage) \_\_\_\_\_, as follows \_\_\_\_\_

Specific instructions for administration: \_\_\_\_\_

Possible side effects to watch for: \_\_\_\_\_

Expiration date (may not exceed six months from date of this request if prescribing medication or food supplement):  
\_\_\_\_\_

Signature of Physician \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Note: If medication or vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead of having the above section completed, the parent completed the chart below:**

Rx Number	Pharmacy
Street Address	Telephone

Section 1 does not need to be completed for certain nonprescription items: fever-reducing medicines that do not contain aspirin, cough or cold medications that do not contain codeine; and topical ointments, creams or lotions.

**SECTION II TO BE COMPLETED BY CHILD'S PARENT/GUARDIAN**

Name of Item to be Administered	Dosage	Time(s) of Dosage

**Please Note:** The medication must be in pill, capsule or liquid form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name and the prescription number

I hereby request and give permission to the Cincinnati Recreation Commission's staff to administer the above listed medication, vitamin, or special diet to my child.

**I do hereby fully release, discharge and agree to indemnify, defend and hold harmless the City of Cincinnati and the Public Recreation Commission, their agents, employees and volunteers from any and all claims resulting from injuries, damages and losses sustained by my child or arising out of, connected with, or in any way associated with the administration or non-administration of any medication.**

**I hereby execute this release on behalf of the named minor, who is below the age of eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this release on behalf of such minor.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** For your child's protection, this authorization should be renewed every ninety days.

